04835133

plication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

TELNP276US

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                            |                                 |                              |                          |                  | SMALL ENTITY TYPE (                  |                        |       | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--|--|---|----------------------------|---------------------------------|------------------------------|--------------------------|------------------|--------------------------------------|------------------------|-------|-------------------------------|------------------------|--|
| TOTAL CLAIMS   |  |   | 22                         |                                 |                              |                          | ſ                | RATE                                 | FEE                    |       | RATE                          | FEE                    |  |
| FOR  |  |   | NUMBER FILED               |                                 | NUMBER EXTRA                 |                          |                  | BASIC FEE                            | 355.00                 | OR    | BASIC FEE                     | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 22 minus 20=               |                                 | • 2                          |                          |                  | X\$ 9=                               |                        | OR    | X\$18=                        | 36                     |  |
| IND  | EPENDENT CL                                    | AIMS                                      | 3 mir                      | ius 3 =                         | • 0                          |                          |                  | X40=                                 |                        | OR    | X80=                          |                        |  |
| ML   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                     | 1.                              |                              |                          |                  | +135=                                |                        | OR    | +270=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                            |                                 |                              | L                        | TOTAL            |                                      | OR                     | TOTAL | 748                           |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                            |                                 |                              |                          |                  | OTHER TH<br>SMALL ENTITY OR SMALL EN |                        |       |                               |                        |  |
| AMENDMENT A  |  | (Column 1) CLAIMS REMAINING AFTER         |                            | (Colui<br>HiGH<br>NUM<br>PREVIO | IEST<br>BER                  | (Column 3) PRESENT EXTRA |                  |                                      | ADDI-<br>TIONAL        |       | RATE                          | ADDI-<br>TIONAL        |  |
|  | Total  | * 22                                      | Minus                      | PAID                            | FOR                          | =                        | } }              | X\$ 9=                               | FEE                    | OR    | X\$18=                        | FEE                    |  |
| MEN  | Independent                                    | . 3                                       | Minus                      |                                 | 3.                           | =                        |                  | X40=                                 |                        | OR    | X80=                          |                        |  |
| Ľ  | FIRST PRESE                                    | NTATION OF MI                             | JLTIPLE DEP                | ENDEN                           | T CLAIM                      |                          | ]                | +135=                                |                        | OR    | +270=                         |                        |  |
|  |  |   |                            |                                 |                              |                          | L                | TOTAL                                |                        |       | TOTAL<br>ADDIT. FEE           |                        |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                            |                                 |                              |                          |                  | ADDIT. FEE L                         |                        |       | ADDII. FEE                    |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | NUM<br>PREVI                    | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA         | $\bigg]   \Big[$ | RATE                                 | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . 22                                      | Minus                      | <u>2</u>                        | 2                            |                          | 11               | X\$ 9=                               |                        | OR    | X\$18=                        |                        |  |
|  | Independent                                    | NTATION OF M                              | Minus                      | ***                             | 5<br>T CLAIM                 | <u> -</u>                | 11               | X40=                                 |                        | OR    | > X80=                        |                        |  |
| <u> </u>   | THOTFRESE                                      | TATION OF MI                              |                            | LNDCN                           | I OLAIM                      |                          | ן נ              | +135=                                |                        | OR    | +270=                         |                        |  |
|  |  |   |                            |                                 |                              |                          | , L              | TOTAL<br>ADDIT. FEE                  |                        | OR    | TOTAL<br>ADDIT FEE            |                        |  |
|  |  | (Column 1)                                | TAL THE PURING ASSOCIATION |                                 | mn 2)                        | (Column 3)               | _                |                                      |                        |       |                               | - 30                   |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | NUM<br>PREVI                    | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA         |                  | RATE                                 | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                      | **                              |                              | =                        | ] [              | X\$ 9=                               |                        | OR    | X\$18=                        | j.                     |  |
|  | Independent                                    | *   | Minus                      | ***                             | T CLAIM                      | =                        | ┨╏               | X40=                                 | 1                      | OR    | X80=                          |                        |  |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                            |                                 |                              |                          | ] [              | +135=                                |                        | OR    | +270=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                            |                                 |                              |                          |                  |                                      |                        |       |                               |                        |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |  |   |                            |                                 |                              |                          |                  |                                      |                        |       |                               |                        |  |

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|   |  | CLAIMS A                                  | S FILED -<br>Column)        |                                    | (Column 2)            |                  |     | SMALL E            | NTITY                  | OTHER THA |                     |                        |
|---|--|---|-----------------------------|------------------------------------|-----------------------|------------------|-----|--------------------|------------------------|-----------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   |                             |                                    |                       |                  |     | RATE               | FEE                    | 7         | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                |                                    | NUMBER EXTRA          |                  |     | BASIC FEE          | <del> </del>           | OR        | BASIC FEE           |                        |
| TC  | TAL CHARGE                                     | ABLE CLAIMS                               | minus 20=                   |                                    | *                     |                  |     | X\$ 9=             |                        | OR        | X\$18=              |                        |
| INE   | PEPENDENT C                                    | LAIMS                                     | m                           | inus 3 =                           | *                     |                  |     | X42=               |                        | 1         | X84=                |                        |
| ML  | ILTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT                      | <del>-</del>                       |                       |                  |     | -                  | *                      | OR        |                     |                        |
| * 16  | the difference                                 | in column 4 io                            | less than zero, anter "O" i |                                    |                       | oduma 2          |     | +140=              |                        | OR        | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                             |                                    |                       |                  |     | TOTAL              |                        | OR        | TOTAL               |                        |
| CLAIMS AS AMENDED - F   |  |   |                             |                                    | (Column 2) (Column 3) |                  |     | SMALL ENTITY       |                        |           | OTHER<br>SMALL      |                        |
| AMENDMENTA  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY      | PRESENT<br>EXTRA | :   | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * 21                                      | Minus                       |                                    | 4                     | =                |     | X\$ 9=             |                        | OR        | X\$18=              |                        |
|   | Independent                                    | * 2                                       | Minus                       | ***3                               |                       | =                | ]   | X42=               |                        | OR        | X84=                |                        |
| L   | FIRST PRESE                                    | NTATION OF M                              | JLTIPLE DEF                 | PENDENT                            | CLAIM                 |                  | ۱ ا | +140=/             |                        | OR        | +280=               |                        |
| , ·   |  |   |                             |                                    |                       |                  | . ! | TOTAL<br>ADOLL FEE |                        |           | TOTAL<br>ADDIT. FEE |                        |
|   | (Column 1) (Column 2) (Column                  |   |                             |                                    |                       | (Column 3)       | . ' | ADMIN-PEE          |                        |           | ADDII. FEE          | )                      |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGHE<br>NUMB<br>PREVIOI<br>PAID F | ST<br>ER<br>JSLY      | PRESENT<br>EXTRA |     | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * 21                                      | Minus                       | ** 34                              |                       | =                | 1   | X\$ 9=             |                        | ρŔ        | X\$18=              | ·                      |
| ME  | Independent                                    | . 2                                       | Minus                       | *** 3                              |                       | =                |     | X42=               |                        | OR        | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                             |                                    |                       |                  | ŀ   | +140=              |                        |           | +280=               |                        |
|   |  |   |                             | 0 6                                |                       |                  | Į   | TOTAL              |                        | OR        | TOTAL               | /                      |
| ٠.  |  |   |                             |                                    | -0-                   |                  | P   | ODIT. FEE          |                        | OR        | ADDIT. FEE          |                        |
|   |  | (Column 1) CLAIMS                         |                             | (Colum                             |                       | (Column 3)       | 1   |                    | ADDI                   |           | · · · · · ·         | ADDI                   |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                             | PREVIOU<br>PAID F                  | JSLY                  | PRESENT<br>EXTRA |     | RATE               | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| ŽQ.   | Total  | *   | Minus                       | **                                 |                       | =                |     | X\$ 9=             |                        | OR        | X\$18=              |                        |
| ME  | Independent                                    | *   | Minus                       | ***                                |                       | =                |     | X42=               |                        | OR        | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                             |                                    |                       |                  | ╏┠  | 140                |                        |           | .000                | .,                     |
| . • 1   | f the entry in colu                            | mn 1 is less than th                      | e entry in colu             | mn 2, write *                      | 0" in col             | umn 3.           | L   | +140=<br>TOTAL     |                        | OR        | +280=<br>TOTAL      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR ADDIT. FEE |  |   |                             |                                    |                       |                  |     |                    |                        |           |                     |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |  |   |                             |                                    |                       |                  |     |                    |                        |           |                     |                        |